

**STATE ADVISORY COMMITTEE ON
MENTAL HEALTH SERVICES
(SACMHS)**

**February 8, 2004 – 9:00 A.M. to 12:00 Noon
Country Inn & Suites
Lighthouse Room
5353 North 27th Street, Lincoln, NE**

SACMHS Members Present: Allen Bartels, Beth Baxter, Cec Brady, Richard DeLiberty, Richard Ellis, Dwain Fowler, Beverly Ferguson, Clint Hawkins, Lara Huskey, Nancy Kratky, Dr. Maria Prendes-Lintel, Darlene Richards, Mary Ann Wells.

SACMHS Members Absent: Wayne Adamson, Jimmy Burke, James Deaver, Scot Ford, Susan Krome, Wesley Legan, Frank Lloyd, Beth Wierda

HHS Staff Present: Alexandra Castillo, Dan Powers

Others Present: Blaine Shaffer, Melia Cooke, Paula Hartig, Angela McCoy.

I. Welcome and Introductions

Allen Bartels, Chairperson, provided a welcome to the Committee.
Each member briefly introduced themselves.

II. Approval of Agenda

Richard DeLiberty, Administrator of the Division of Behavioral Health Services, explained he would have to leave the meeting early. He asked if the agenda could be changed to allow him to be first and give his report on the Division of Behavioral Health.

- Beth Baxter moved and Darlene Richards seconded the motion to approve the agenda with the change in the agenda order.
- Motion to approve amended agenda carried.

III. Report from Division of Behavioral Health

Richard DeLiberty reported that developing community services is taking longer than expected but we are seeing improvements.

- Regional center's wait lists are going down, length of stays are going down, post commitment days are going down and Hastings center has empty beds.
- We will have a new CEO, Dr. Anthoni Sulikowski at Norfolk Regional Center beginning February 23. Dr. Sulikowski is from Ohio and has been a CEO at both public and private hospitals in: Texas, New Jersey, Virginia and Ohio. The present CEO, Rick Gamel, has taken a position as Northern Service Area Administrator for Health and Human Services.
- \$1.5 million of ongoing money is to be used by the regions. Regions have submitted proposals and the Division of Behavioral Health Services will be meeting with the regions to discuss the proposals and determine the priorities.

- Change the way the Division of Behavioral Health Services contracts are being done. They are now being done based on fee for services. Meeting is set for February 16, 2005 to discuss changes with providers and Regions making contracts performance based.

Questions:

- Q. What is the status of the Consumer Affairs Office?
- A. HHS received 30+ resumes. In reviewing the applications, it was hard to determine if the applicant is a consumer. A small group of consumers are developing supplemental questions and interview questions. Richard DeLiberty will select the candidates to interview and will be making the final choice within one month.

IV. LB 95

Handout prepared by Sam Kaplan, Legal Counsel for the Division of Behavioral Health was distributed. (*Attachment A*) This is the response to the question, “Does a person have to be committed to a state facility in order to qualify for Medicaid to cover medications”? The summary states that a patient can be committed either in-patient or out-patient and still be eligible.

V. Report on Rental Assistance

Lara Huskey, Housing Manager, Nebraska Department of Economic Development prepared and distributed a hand out. Lara briefly reviewed the handout. (*Attachment B*)

Behavioral Health Reform activities last year added an eligible activity to provide rental assistance to adults with serious mental illness within the (NAHTF) Nebraska Affordable Housing Trust Fund. NAHTF rules and regulations need to be revised to include Tenant-based Rental Assistance. The goal is make rental assistance available by July 1, 2005.

Lara pointed out that section 8 vouchers differ, there are potential barriers, such as 1) credit check, 2) criminal background checks, and 3) long waiting lists in some areas. Eight items were listed as “givens” of the NAHTF rules and six foreseeable pitfalls were listed in the handout.

Questions:

- Q. Who defines the waiting list?
- A. It would be part of the program guidelines.
- Q. Who will be eligible for community support programs?
- A. HHS will have to determine eligibility.

VI. PATH (Projects for Assistance in Transition from Homelessness)

Dan Powers, Program Specialist for the Division of Behavioral Health prepared and handed out. (*Attachment C*) which showed the proposed allocation of PATH funds for 2005. Discussion of the proposed allocations and the purpose of the PATH Grant took place with questions and answers.

Technical Assistance was applied for and in a competitive process Technical Assistance was awarded to Nebraska. Advocates for Human Potential will be providing TA on Supported Employment as an Evidence Based Practice.

VII. Cultural Competence Goals and Objectives

Dr. Maria Prendes-Lintel clarified and reviewed the handout “CLAS Standards”, Culturally & Linguistically Appropriate Services. (*Attachment D*) The list is just a brief summary of the standards and she marked standards with an “R” for those that are recommended those marked with an “X” are mandated requirements to recipients of Federal funds. The ones marked “Vol” are voluntary adoption. Dr. Prendes-Lintel asked the members to reflect on their agencies and based the federal mandates, are they in compliance?

Committee members stated there are no funds to hire or interview interpreters and often have to rely on family members to interpret. Providers need to pay for interpreters. Medicaid does not pay for interpreters as a part of treatment. One problem is that Magellan’s billing to Medicaid does not clarify to state what is being paid.

Dr. Prendes-Lintel stressed the quality of interpreters is highly important. Translation of materials (mental health) is the most important yet the most difficult. Interpreters need to know their area such as, legal, medical, mental health or substance abuse. She would like to have interpreters be licensed or certified in mental health.

There are language assistance lines that can be used in the blue pages of the telephone book such as C.H.I.R.P.(Communities Helping Immigrants and Refugees Progress). line or the AT&T language line but there is no way to be sure what is being said. Interpreters need to be trained by the agency to be knowledgeable in the area they are interpreting. Interpreter services should be set as a part of community based services.

It’s important to have a willingness/understanding to provide cultural/linguistic services.

VIII. Consumer Survey results 2004

Paula Hartig, Program Analyst with HHS Research & Performance Measures prepared and distributed hand out on the 2004 Behavioral Health Consumer survey. (*Attachment E*)

Paula briefly reviewed the summary. The 2004 consumer survey was done by mail. It was mailed to 5000 Adults/Youths/Parents who received services from January 1 to March 31 2004.

The Department received 657 adult surveys back and 110 youth and family surveys back, which is about 17% and is on the low range. 30% is what we would like to have.

The 2003 survey was done by mail but using a slightly different method. The 2002 survey was done by the convenience method. The convenience method is; the survey is given to the consumer at the time they receive services.

The response on the children/family survey was low but feel changing the method of doing the survey should result in better response. There was a suggestion that the children’s survey should be done through the schools.

Dwain Fowler from Kearney explained the method they use. It’s done by a family organization member by telephone. A good rapport has been established and the consumer looks forward to being called. They consider it as their time to talk with someone.

- Q. After the Consumer Survey report is completed what is done with the survey information within the system?
- A. That question would have to be referred to BHS, but I assume because of grant requirements that the report becomes a permanent record related to the MH Block Grant.

IX. Discuss time for public comment

At the last meeting there was a request to have public comment prior to approving the agenda as well as at the end of the meeting.

Members thought that the meetings need to flow smoothly and any comments considered for discussion should be added into the next meetings agenda.

After further discussion Dwain Fowler, moved and Darlene Richards seconded the motion to keep public comments at the end of the meeting. Motion passed by Committee Members.

Chris Hanus pointed out that having meetings held in other areas/towns other than Lincoln would allow public comments from those areas.

X. Agenda Item

Discuss and determine if Cultural Competency could be an item to present to the Behavioral Health Council.

Other issues

Lara Huskey mentioned that LB 40 was introduced by Senator Jensen, Synowiecki and Redfield. This bill is to restore funds for housing development. Six projects are underway that are looking for resources to build housing for people with severe mental illness. There is one project in Omaha, four projects in Region IV and one project in Columbus. Housing developers are aware that this is a priority for Nebraska and are wanting to work on these projects.

XI. Public Comment

None

XII. Next State Advisory Committee on Mental Health Services

Next meeting is Tuesday, May 10, 2005, 9 am to noon. Meeting will be held in the same location and the same room.

XIII. Adjourned

Meeting adjourned at 11:16 a.m.